

## **TREATMENT STANDARDS**

### **INTAKE AND ASSESSMENT**

A treatment provider will conduct a thorough assessment and psycho-sexual evaluation in order to identify levels of risk and specific risk factors that require attention in treatment and supervision. A treatment provider will use testing instruments recognized in the sex offender treatment community as having specific relevance to evaluating sex offenders and of demonstrating reliability and validity.

Common tools may include:

- MCMI-II or III
- MSI (Multiphasic Sex Inventory)
- Wilson Sexual Fantasy Questionnaire
- MMPI or MMPI@
- Static 99
- Hare Psychopathy
- Stable and Acute 2007

A provider shall develop and utilize a written contract with each sex offender prior to the commencement of treatment. The contract shall define the specific responsibilities of both the provider and the client. The contract shall explain the responsibility of a provider to provide initial statements of the costs of assessment, evaluation, and treatment, including all medical and psychological tests, physiological tests, and consultations; describe the waivers of confidentiality which will be required for a provider to treat the client for his/her sexual offending behavior; describe the various parties with whom treatment information will be shared during the treatment; describe the time limits on the waivers of confidentiality; and describe the procedures necessary for the client to revoke the waiver; describe the right of the client to refuse treatment and/or to refuse to waive confidentiality, and describe the risks and potential outcomes of that decision; describe the type, frequency, and requirements of the treatment and outline how the duration of treatment will be determined, and describe the limits of confidentiality imposed on therapists by state statute.

### **SEX-OFFENSE SPECIFIC TREATMENT**

A provider who treats sex offenders under the jurisdiction of the criminal justice system must use sex offense-specific treatment which utilizes a cognitive behavioral approach.

A provider will utilize sex offense specific assessment tools to determine level of risk and assess actual changes in potential to reoffend.

A provider shall develop a treatment plan based on the needs and risks identified in current and past evaluations of the offender.

A provider will be a vital member of the "containment approach" in the community management of sexual offenders and will actively provide input to the management team.

The treatment plan shall:

- Provide for the protection of victim(s) and potential victims and not allow the offender to have unsafe and/or unwanted contact with the victim(s);

- Be individualized to meet the unique needs of the offender and focus on the behavior changes the offender is capable of achieving and expected to make as an outcome of the treatment interventions;
- Be consistent with the needs identified by the assessment tools
- Identify the issues to be addressed, the planned interventions and the goals of treatment;
- Have treatment goals clearly stated so progress or completion can be clearly measured.
- Define expectations of the offender, his/her family (when possible) and support systems;
- Be individualized to meet the unique needs of the offender;
- Address the issue of ongoing victim input.

A provider will employ treatment methods that are supported by current professional research and practice.

- A) Group therapy is the preferred method of sex-offense specific treatment. At a minimum, any method of treatment must contribute to the behavioral monitoring of sex offenders. The sole use of individual therapy is not recommended with sex offenders and shall be avoided if at all possible.
- B) The provider shall employ treatment methods that give priority to the safety of victim(s) and to the community.
- C) The provider shall employ treatment methods that are based on recognition of the need for long term, comprehensive offense-specific treatment for sexual offenders. Self-help or time-limited treatments shall be used only as adjuncts to long term comprehensive treatment.
- D) The content of offense-specific treatment shall be designed to:
  - 1) reduce offenders' denial and defensiveness;
  - 2) decrease and/or manage offenders' deviant sexual urges and recurrent deviant fantasies;
  - 3) educate offenders and support systems about the potential for reoffense and an offender's specific risk factors;
  - 4) teach offenders self-management methods to avoid reoffense;
  - 5) identify and treat offenders' thoughts, emotions and behaviors that facilitate sexual reoffenses or other victimizing or assaultive behaviors;
  - 6) identify and correct cognitive distortions;

- 7) educate offenders about non-abusive, adaptive, legal and pro-social sexual functioning;
- 8) educate offenders about the impact of sex offending upon victims, their families and community;
- 9) encourage the development of empathic skills;
- 10) identify and treat the effects of trauma and past victimizations on offenders as factors in their potential for reoffense (It is essential that offenders are prevented from assuming a victim stance in order to diminish responsibility for their actions);
- 11) identify and decrease offenders' social skills deficits, where applicable;
- 12) require offenders to develop a written relapse prevention plan for preventing reoffense. The plan should identify precursors to offense behaviors;
- 13) provide treatment referrals, as indicated, for offenders with co-existing medical, mental, substance abuse or other disabilities;
- 14) maintain communication with the offenders' support system to assist in meeting treatment goals;
- 15) evaluate cultural, language, developmental disabilities and sexual orientation factors that may require special treatment arrangements;
- 16) identify and treat issues of anger, power and control.

## **CONFIDENTIALITY**

A treatment provider shall obtain signed releases of information for all members of the management team. If applicable, a release shall be obtained for the victim's therapist. Notwithstanding such releases, providers shall safeguard the confidentiality of client information from those for whom releases have not been signed. A provider shall notify all clients of the limits of confidentiality imposed on therapists by mandatory reporting laws.

## **TREATMENT PROVIDERS USE OF ABEL AND POLYGRAPHY**

A treatment provider may employ treatment methods that integrate the results of the Abel Screen. The examiners must meet the standards/training requirements to utilize these assessment tools. It is recommended that a provider employ Abel as a means of gaining information regarding the sexual interest/arousal patterns of sex offenders.

In cooperation with the supervising officer, the provider shall employ treatment methods that incorporate the results of polygraph examinations including instant offense, full disclosure, sexual history and maintenance/monitoring polygraphs. The management team shall determine the frequency of polygraphs (within the polygraph standards) and the results shall be reviewed by the team. The results of such polygraphs shall be used to identify treatment issues and for behavioral monitoring.

## **PSYCHOSEXUAL EVALUATIONS**

Psychosexual evaluations that are conducted, particularly as part of Pre-Sentence Investigations (PSI's), will address issues regarding the offender's risk for reoffense, amenability to treatment, and supervision and treatment needs. The following evaluation methods are required in performing a psychosexual evaluation:

- Examination of criminal justice information, including details of the current offense and documents that describe victim trauma, when available
- Examination of collateral information, including information from other sources on the offender's sexual behavior
- Structured clinical and sexual history interview
- Examination of deviant arousal or interest through the use of plethysmography, Abel Screen, or Multiphasic Sex Inventory

The psychosexual evaluation of a sex offender shall consider the following:

- Sexual evaluation, including sexual developmental history and evaluation for sexual arousal/interest, deviance and paraphilias
- Medical condition and pharmacological needs if clinically indicated
- Level of deception and/or denial
- Mental and psychological functioning
- Substance abuse
- Level of violence and coercion
- Motivation and amenability to treatment
- Criminality (attitudes and beliefs)
- Risk of reoffense
- Treatment and supervision needs
- Impact on the victim, when possible

## **RESPONSIBILITIES OF THE TREATMENT PROVIDER WITHIN THE MANAGEMENT TEAM**

A treatment provider shall establish a cooperative professional relationship with other team members (supervising officers, polygrapher, victims' advocacy).

A provider shall immediately report to the supervising officer all violations of the client's treatment plan.

A provider shall immediately report to the supervising officer evidence of likelihood of an offender's increased risk of re-offense so that behavioral monitoring activities may be increased.

A provider shall report to the supervising officer any alteration in treatment modality that constitutes a change in an offender's treatment plan. Treatment plan revisions will be appropriate and timely. Any permanent reduction in duration or frequency of contacts shall be determined on an individual basis by the provider and the supervising officer.

A provider shall provide monthly treatment progress reports to the supervising officer of ongoing progress towards successful treatment and outcomes, including but not limited to program entry

date, initial risk score, number of sessions required per reporting period (month), number of sessions attended, program completion date, program discharge status and post completion risk score.

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